



**BRIEFING ON STATE HOSPITAL
LEADERSHIP EXPERT'S
MEETING:
DEVELOPING CORE COMPETENCIES
FOR HOSPITAL
CEOS/ADMINISTRATORS**

Kevin Ann Huckshorn RN, MSN, CADC

*Delaware State Director: Division of
Substance Abuse and Mental Health*

Bob Quam MA, CBHE

CEO, TCFTC

Frank A. Ghinassi, PhD

VP, WPI/UPMC

THE WHAT & WHY THIS PROJECT? WHY NOW?

- Effective & principled leadership competencies, in mental health inpatient settings, have not been researched or even written about much
- Leadership competencies are not evidence-based and a mystery to many, at this time
- Meanwhile, many state facilities are struggling to implement new recovery-oriented models of care... often against a strong tide of unions, state employee rules, fiscal problems, constant crisis, and frequent turnover
- 17+ states have active USDOJ investigations or consent decrees that are usually brought due to allegations of poor care



THE WHAT & WHY THIS PROJECT? WHY NOW?

- We must continue to transition from a public state hospital system too often described as:
 - Resulting in injuries and deaths due to S/R and physical health issues
 - Resulting in abuse of person's served
 - Resulting in high costs to taxpayers when people are not helped to return to the community in a timely manner
 - Lacking in coherent treatment approaches or active recovery-oriented treatment (Illness Management)
 - Lacking in accountability, supervision and effective workforce development
 - Lacking in outcomes, overall



THE WHAT & WHY THIS PROJECT? WHY NOW?

- Given this climate, a number of mental health leaders, involved with NASMHPD's OTA, discussed the pros and cons of drafting initial core competencies for state hospital CEOs/administrators
- It was decided that OTA would go forward and start this work based on the knowledge gathered from SAMHSA transformation TA work done over the past 6 years, since the New Freedom Report
- We felt a sense of urgency regarding the need for performance improvement in this area and the sense that many states still held "state hospital leadership expectations" that were somewhat arbitrary



THE WHAT & WHY THIS PROJECT? WHY NOW?

- Public state mental health hospital's role is in the public system of mental health care as a “part”
- All public mental health services need to be focused on:
 - 1) Providing specific recovery-oriented services,
 - 2) Developing detailed goals, and measurable and accountable care processes,
 - 3) Recovery-oriented service outcomes (such as safe housing, employment or school, personal health symptom management, weight management, tobacco cessation, knowledge of illness, and viable social (non-paid) support systems, at the very least.



THE WHAT & WHY THIS PROJECT? WHY NOW?

- Toward this overall system change, public state hospitals must be willing to take up specific challenges, including:
 - 1) Reviewing and re-thinking the vision and mission of a state hospital as being an important component in a larger system of care but not a stand-alone system
 - 2) Re-defining, in clear and specific language, the hospital's services and service goals for person's served in a person-centered approach
 - 3) Collaborating with community partners including strong Peer groups, advocates, and all other stakeholders to re-design the hospital's services and roles with hospital staff. These folks have a “daily role” in your hospital...



THE WHAT & WHY THIS PROJECT? WHY NOW?

- There are also myths associated with being able to make meaningful change in environments of care that are currently characterized by political pressures, past traditions (“we tried that...”), concerns about loss of jobs, inflexible union and personnel systems, etc)
- CHANGE IS POSSIBLE despite:
 - Not enough time
 - Not enough money
 - Not enough staff



THE WHAT & WHY THIS PROJECT? WHY NOW?

- Time is definitely a problem. Senior facility leaders must accept that we cannot work 8-10 hrs a day, 5 days a week. I know that most of you know that. But for those that are new, these jobs require 7-day work weeks and often for longer hours, IF you are going to rise above daily operations to make change happen
- Money. Most of the changes this toolkit suggests do not cost money, just time and a re-organization of priorities
- Staff. State hospitals are mostly over-staffed when compared to not-for-profit inpatient settings. Why is that? And considering our “outcomes,” we have no data to justify this, mostly, very rich staffing. Use this well.



INTENDED USE OF THIS HOSPITAL LEADERSHIP TOOLKIT

- Is intended for those new to the CEO role, and those who are open to doing more as CEOs, or for Commissioner/Directors including:
 - Those new to the job without extensive mental health experience
 - Those with extensive mental health experience but possibly not in a state hospital
 - Those with mental health experience in traditional hospital settings (most)
 - Those who want to learn about transformational and transactional skills to move their system forward
 - State Mental Health Commissioners/Directors and other hiring authorities



DRAFT CEO COMPETENCIES ARE PREDICATED ON CORE RECOVERY VALUES

- The word “recovery” is starting to become a “system euphemism” just like “individual treatment,” “person-centered planning,” “discharge starts on day of admission,” and words like “respect and dignity.”
- We all need to re-look at these values and the disconnect with our practices. It is troubling that we seem to think if we “talk the talk” we have somehow implemented “change.” We have not. Superficial semantics are dangerous and illusory.
- The changes we need to make in our state hospitals are enormous. If you do not see them, invite some national consumer TA Centers or NASMHPD’s OTA to come in and give you a report.



DRAFT CEO COMPETENCIES ARE PREDICATED ON CORE RECOVERY VALUES

- We can “talk” all we want to about “recovery, person-centeredness, consumer-driven care, or treatment outcomes”
- But if your staff are not spending significant time in the following activities you are participating in euphemisms:
 - Orienting a person, on admission and throughout treatment, to their roles and power as the “consumer of services” and the purpose and role in their treatment planning process
 - Assigning each person, on admit, to a designated staff person/mentor for their stay
 - Developing a treatment plan that the consumer directs after he or she gets ongoing training on how to do this
 - Halting discriminatory language like “low vs. high functioning,” the use of diagnoses to describe a person, and stopping the use of personal feelings to determine what service someone receives



DRAFT CEO COMPETENCIES ARE PREDICATED ON CORE RECOVERY VALUES

- We suggest that you use the SAMHSA Consensus Statement on Recovery to define your services and your day-to-day ops. These include:
 - Self-direction
 - Individualized and person-directed
 - Empowerment
 - Holistic (physical/mental)
 - Non-linear
 - Strength-based
 - Peer support
 - Respect
 - Responsibility
 - Hope



STATE HOSPITAL LEADERSHIP TOOLKIT

- Organized to support Learning and Practical Experience
- Identifies Eight (8) Core Competency Areas that support leader-directed system changes
- Each Core Competency Area is designed to describe the knowledge, skills, attitudes, and tasks related to that competency
- These 8 competencies can be thought of as tools for self-assessment and changes in your daily practices/activities going forward
- We have also provided resources and particular “low hanging fruit” activities to help you
- We suggest starting slow and staying focused on 1 or 2 areas at a time



CAVEATS

- You have been provided the complete State Hospital/CEO Leadership Toolkit on your memory Stick
- There is also a complete Display Copy of this Toolkit on the NASMHPD Resource Table
- Due to time considerations, we are not able to overview this complete toolkit, especially the list of competencies under each Core Area or the knowledge, skills, attitudes and tasks associated with each Area
- The review of these details will be left to you, and we welcome your feedback



CORE COMPETENCY AREAS:

1. CULTURE OF RECOVERY/RESILIENCE

- The CEO models the expectation that all of the activities of the hospital are pointed towards achieving recovery/resilience/community. For youth serving programs, the CEO models the expectation that every aspect of the hospital is family-driven and youth-guided.
 1. Establishes a culture that is welcoming, friendly, pleasant, and helpful
 2. Achieves inclusion and integration of consumers/peers/families/staff
 3. Achieves integration of the hospital into the community continuum/system of care to which consumers return
 4. ETC...



CORE COMPETENCY AREAS:

2. LEADERSHIP

- The CEO ensures shared ownership of the vision, mission and values so that these inform the culture of the organization and are fully integrated into all activities.
 1. Communicate a shared vision
 2. Centralize by mission (our role) and decentralize by operations (how)
 3. Create an organizational culture that identifies and tries to live by key values (in what way)
 4. ETC.



CORE COMPETENCY AREAS:

3. REGULATORY ENVIRONMENT

- The CEO understands the requirements within which the hospital operates and meets these while supporting the vision and mission.
 1. Understands the need for a positive partnership with regulators and how they can contribute and leverage change through promotion of recovery/resilience
 2. Understands areas of flexibility and risk taking regarding exceptions to rules
 3. Interprets standards within the concept of recovery/resilience and/or for youth serving programs, family-driven and youth-guided care.
 4. ETC...



CORE COMPETENCY AREAS:

4. CLINICAL SERVICES

- The CEO assures that clinical services are designed to support recovery/resilience and the health and wellness of the individuals served. For youth serving programs, the CEO also assures that clinical services are consistent with best practices within family-driven and youth-guided care.
 1. Understands what to look for in the day-to-day work of creating a healing environment, including issues of institutional discrimination/stigma and the requirement for social competencies (e.g., culture, language, gender, sexual orientation, age, etc.)
 2. Understands the distinct clinical duties of providing effective services to the individuals served, as well as of assuring community safety, particularly when the hospital has a forensic role
 3. ETC...



CORE COMPETENCY AREAS:

5. OPERATIONS

- The CEO assures that all of the operations of the hospital are aligned with the vision, mission, and values, and designed to support recovery/resilience and the health and wellness of the individuals served. For youth serving programs, the CEO must assure that all operations are family-driven and youth-guided.
 1. Engages all who interact with consumers and family members (e.g., security, maintenance, housekeeping, dietary) into the recovery/ resilience and, for youth serving programs, the family-driven/youth-guided framework.
 2. Demonstrates the importance of creating a therapeutic environment by problem solving and the thoughtful use of human and financial resources.
 3. ETC...



CORE COMPETENCY AREAS:

6. BUDGET/MANAGEMENT

- The CEO makes budget and management decisions that translate vision, mission, values, and the strategic plan into resources for recovery/resilience and, for youth serving programs, resources for family-driven and youth-guided care.
 1. Develops budget and management processes that support the hospital's vision and the implementation of a clinical and operations strategic plan
 2. Represents, advocates/negotiates and adjusts the operating and capital budget as required during the Department and state budget process
 3. Develops budget accountability mechanisms; establish targets and manage to them
 4. ETC...



CORE COMPETENCY AREAS:

7. HUMAN RESOURCES

- The CEO aligns the human resources of the hospital in order to translate vision, mission, values, and the strategic plan into resources for recovery/resilience and, for youth serving programs, resources for family-driven and youth-guided care.
 1. Examines the big picture of staffing and its linkage to clinical services (see Area 4), operations oversight (see Area 5), and quality improvement/performance management (see Area 8)
 2. Assures that orientation and training establishes the vision, mission and values from the beginning of employment, reinforces these ideas throughout an employee's tenure, and ties to performance evaluation and rewards
 3. ETC...



CORE COMPETENCY AREAS:

8. PERFORMANCE IMPROVEMENT

- The CEO uses data for decision making, connects all hospital activities, obtains feedback from consumers and staff on how successfully the vision, mission and values are being executed, and assures ongoing improvement.
 1. Leads the implementation of the hospital's performance improvement infrastructure
 2. Establishes the expectation that all levels of the organization (including the individual clinical level) implement the concept of measurement and the use of data tracked over time, with metrics that tie back to the Culture of Recovery/Resilience (Area 1) and Leadership (Area 2)
 3. ETC...



FOR INFORMATION PLEASE CONTACT

- Pat.Shea@nasmhpd.org (Deputy Director of OTA)
 - 703-682-5191
- Bob.glover@nasmhpd.org (NASMHPD ED)
 - 703-739-9333
- Kevin.huckshorn@state.de.us (State Director, DE)
 - 302-255-9398

